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ABSTRACT

The empirical literature regarding the use of nonerotic touch in psychotherapy is reviewed. Theoretical and ethical concerns are discussed, including the taboo against touching clients, situations in which touch may be appropriate, and whether or not nonerotic touch leads to erotic touch. It is difficult to design controlled studies for ongoing dynamic relationships. Consequently, the methodological issues regarding definitions, sampling, and procedures are addressed. The empirical literature is divided into surveys and studies. The survey respondents were therapists who were questioned regarding their beliefs, attitudes, and behaviors in the use of nonerotic touch in therapy. The studies used either college or hospital samples. Studies utilizing touch conditions with subjects attempted to measure the effect of touch on the clients. It was found that available research is not adequate to provide specific guidelines in this area. In addition, training programs often provide little guidance and discussion regarding the issue of touch in therapy. It is recommended that nonerotic touch in therapy be discussed in the supervisory component of therapist training. Further research is recommended. Contains 43 references. (Author/JBJ)

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THE USE OF TOUCH IN THERAPY:

CAN WE TALK?

by

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THE USE OF TOUCH IN THERAPY:
CAN WE TALK?

A Doctoral Research Paper

Presented to

the Faculty of the Rosemead School of Psychology

Biola University

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Psychology

---

by

Melanie A. Taylor

May, 1996

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ABSTRACT

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The empirical literature regarding the use of nonerotic touch in psychotherapy is reviewed. Theoretical and ethical concerns are discussed, including the taboo against touching clients, situations in which touch may be appropriate, and whether or not nonerotic touch leads to erotic touch. It is difficult to design controlled studies for ongoing dynamic relationships. Consequently, the methodological issues regarding definitions, sampling, and procedures are addressed. The empirical literature is divided into surveys and studies. The survey respondents were therapists who were questioned regarding their beliefs, attitudes, and behaviors in the use of nonerotic touch in therapy. The studies used either college or hospital samples. Studies utilizing touch conditions with subjects attempted to measure the effect of touch on the clients. Comparisons of the research, training implications, and suggestions for future research are discussed.

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THE USE OF TOUCH IN THERAPY:

CAN WE TALK?

Introduction

The use of touch is a normal and natural part of our existence. The need and desire for human contact is important to the growth and development of human beings as they advance from infancy to adulthood. In the realm of psychotherapy, a taboo against touch emerged over time resulting in the omission of an important part of the emotional intimacy equation between human beings.

Theoretical Concerns

In his early work on hysteria, Freud used touch with his clients who presented with somatic symptoms or who were distraught (Breuer & Freud, 1955, cited in Forer, 1969). His views and subsequent writings on this subject reveal a change in understanding of the impact of touch in the therapeutic relationship. Freud came to believe that physical contact with clients interfered with the transference in which early attachments are relived and that touch potentially contaminated the process of therapy (Jones, 1955). Touch was also seen as gratifying the client's desires, which Freud believed would eventually lead to stagnation in therapy (Kupfermann & Smaldino, 1987).

The majority of literature that addresses the subject of touching clients is written from a psychoanalytic perspective (Alyn, 1988; Forer, 1969; Goodman & Teicher, 1988; Mintz, 1969; Willison & Masson, 1986). It appears that therapists using other modalities do not grapple as much with the issue of touch as do those who use a psychodynamic approach in working with clients (Holroyd & Brodsky, 1977; Levy, 1973: Satir, 1972). In a psychodynamic modality, touch is viewed as raising important issues that have their roots in infancy. The task of identifying and evaluating these issues complicates the therapist's decision regarding whether or not to touch a client.

Although many traditional psychodynamic therapists maintain a unilateral prohibition against touch, Mintz (1969) identifies three situations in which she believes the use of nonerotic touch may be helpful to clients. These include: (a) when a client is not able to use words, (b) when a client needs to feel accepted and is experiencing feelings of self-hate, and (c) when a client is in need of reestablishing contact with the external world.

Willison and Masson (1986) suggest that whatever a therapist decides to do regarding touch in his or her work, the decision must be carefully thought out and used in a consistent manner. Forer (1969) concludes that it is important to know when touch is or is not beneficial, why a particular client is touched and another is not, and what

the potential countertransference of the therapist is in each individual situation.

Ethical Issues

Discussion of theoretical concerns often leads to consideration of ethical issues regarding the use of touch with clients. Several of these issues have been addressed in the literature.

When evaluating whether or not touch in therapy is ethical, a distinction often is made between nonerotic and erotic touch. Alyn (1988) highlights the difficulty in making clear distinctions between these types of touch. Holroyd and Brodsky (1980) also noted that it is difficult to determine where nonerotic kissing and hugging ends and erotic touching begins. They suggest that this may be particularly true for therapists who reserve touch only for opposite-sex clients. It is also true that therapists do not always know how touch is experienced by same-sex clients. Without an understanding of how various kinds of touch are perceived by each individual client, the potential for inadvertently harming clients increases substantially.

Another ethical concern often expressed about therapists touching their clients is that nonerotic touching may lead to erotic touch (Brodsky, 1985). As a result, many therapists may exclude one form of touch (nonerotic), which may be very important to the growth of

the client. They fear it will automatically lead to another form of touch (erotic), which is inappropriate and harmful to the client. Mintz (1969) suggests that therapists who are unable to keep themselves from advancing to erotic contact with the client, most likely would have difficulty sustaining the intimacy essential to this type of work regardless of whether or not they touched the client.

The inherent power differential in the therapeutic relationship also has implications regarding the use of touch in therapy (Alyn, 1988; Kepner, 1987; Smith, 1985). Kepner (1987) and Smith (1985) suggest that the power differential in the therapeutic relationship makes the client more vulnerable to the therapist's potential coercion regarding various types of touch. In addition, Alyn (1988) points out that typically higher status individuals feel more freedom to touch those of lower status. With the higher incidence of male therapists touching female clients (Holroyd & Brodsky, 1977), women may feel disempowered by touch in therapy.

The issue of boundaries is also an important consideration in evaluating whether or not various forms of touch are ethical. Kertay and Reviere (1993) maintain that touch should never occur in conjunction with sexual arousal because it makes boundaries unclear. If either the

therapist or the client becomes sexually aroused, the touching should be discontinued and processed.

Methodological Considerations

Although therapeutic touch is a subject of great importance to many clinicians, research regarding its use is limited. One reason for this may be the difficulty in conducting empirical research in this area. A major difficulty in designing controlled studies is that therapeutic relationships are unique and dynamic. Attempts to manipulate aspects of the relationship force it into an unnatural experience which then makes measurement counterproductive.

Several additional methodological issues can be identified in the research conducted to date regarding the use of touch in psychotherapy. Following is a description of the definitions of touch as used by different researchers, the sampling issues affecting the generalizability of the research, and the procedures utilized in the studies.

Definitions

A variety of definitions of nonerotic touch were used in the survey-based research. Holroyd and Brodsky (1977, 1980) and Leong (1989) defined nonerotic touch as hugging, kissing, and affectionate touching of clients. Ramsdell and Ramsdell (1994) considered shaking hands, the client

hugging the counselor, the counselor hugging the client, and the client being held by the counselor to be nonerotic touch. Stake and Oliver (1991) listed the following behaviors as nonerotic touch: touching the client's shoulders, arm, or hand; touching the client's leg or knee; hugging; touching the client's face, hair, or neck; holding hands; and holding the client on the counselor's lap. This variability in definitions makes it difficult to compare study results. In addition, the variety of definitions may influence survey return rates and may create a response bias because behaviors which might be offensive to some were included in the description of nonerotic touch.

The empirical studies showed more consistency in the definition of nonerotic touch. These generally considered shaking hands and touching the client's arm, back, or shoulder to be nonerotic (Alagna, Whitcher, Fisher, & Wicas, 1979; Bacorn & Dixon, 1984; Hubble, Noble, & Robinson, 1981; Pattison, 1973; Phillips & Kassinove, 1987; Stockwell & Dye, 1980). Suiter and Goodyear (1985) added semi-embrace to their description of nonerotic touch; Bacorn and Dixon (1984) added touching the client's leg. The general consistency between studies regarding the definition of nonerotic touch allows for easier comparison of the results.

Sampling

There are several sampling issues that affect the generalizability of results from the studies reviewed. These include using small samples, limiting the sample to one gender, and sampling nonrepresentative populations.

Four of the eight empirical studies reviewed used samples of 40 or less (Bacorn & Dixon, 1984; Gagne & Toye, 1994; Hubble et al., 1981; Pattison, 1973). For example, Pattison's sample included only 20 female undergraduate students. The small samples limit the generalizability of these studies' results to therapy in general. Larger samples ranging from 96 to 120 participants were employed by the remaining researchers (Alagna et al., 1979; Phillips & Kassinove, 1987; Stockwell & Dye, 1980; Suiter & Goodyear, 1985). Based on sample size, the results from these studies can be applied more reasonably to therapy in general.

Researchers who surveyed therapists regarding their use of nonerotic touch in treatment generally had adequate samples (Holroyd & Brodsky, 1977, 1980; Leong, 1989; Pope, Tabachnick, & Keith-Spiegel, 1987). However, Ramsdell and Ramsdell (1994) surveyed only 46 professional staff members from a metropolitan pastoral counseling center.

Several of the studies limited their sample to female participants (Bacorn & Dixon, 1984; Hubble et al., 1981; Pattison, 1973). Gagne and Toye (1994) did not describe the

gender of their sample. These studies also had small samples making the results of questionable applicability to the general population.

Six of the eight experimental studies (Alagna et al., 1979; Bacorn & Dixon, 1984; Hubble et al., 1981; Pattison, 1973; Phillips & Kassinove, 1987; Stockwell & Dye, 1980) used college samples. While this is a population that is often used in research, the validity of applying the results to the general population has not been established. Interpretations of this data should be made with caution.

The remaining experimental studies (Gagne & Toye, 1994; Suiter & Goodyear, 1985) used samples of military inpatients and outpatients. Suiter and Goodyear had an adequate sample size which suggests the results could be generalized; however, the exclusive use of military personnel limits the applicability of this study.

Procedures

For the most part, all of the studies had well-defined, standardized procedures that were fairly consistent across studies. However, the length of the interviews ranged from 25 to 50 minutes and the number of touches during the interview ranged from four to seven. These differences resulted in some participants being touched more frequently than others. For example, in the Alagna et al. (1979) study, participants were touched seven times in 25 minutes, whereas participants in the Stockwell

and Dye (1980) study were touched six times in 50 minutes. The disparity in the frequency of touch may have impacted the comparability of these studies due to varying concentrations of touch.

Empirical Research

Empirical studies evaluating the use of nonerotic touch in psychotherapy can be placed in one of two basic categories: (a) surveys of therapists' attitudes, behaviors, and practices concerning touch in therapy, and (b) studies using standardized, structured interviews to evaluate the effects of various touching behaviors on clients. The literature in each of these categories will be reviewed.

Surveys of Therapists

Holroyd and Brodsky (1977, 1980) have published two studies in which they investigated the attitudes and practices of therapists regarding erotic and nonerotic contact with clients. For the purpose of this research, nonerotic touch was defined as "nonerotic hugging, kissing, and affectionate touching of patients" (Holroyd & Brodsky, 1977, p. 844).

In their initial study, Holroyd and Brodsky (1977) adapted a survey developed by Kardener, Fuller, and Mensh (1973) to explore physicians' ethical beliefs and ideas concerning possible benefits of physical contact between

medical doctors and their patients. Holroyd and Brodsky changed physician to psychologist and also obtained demographic information regarding the therapist's gender, organizational memberships in the profession, and primary theoretical orientation. The survey included questions about whether or not the psychologist used either erotic or nonerotic touch and, if so, under what circumstances it was considered appropriate. A final question asked if the psychologist had ever engaged in sexual contact with a client within 3 months of terminating their therapeutic relationship. Participants were asked to rate the questionnaire items using never, rarely, occasionally, frequently, and always.

Surveys, along with a cover letter and stamped return envelope, were sent to 1000 (500 men and 500 women) licensed psychologists randomly selected from 27,000 respondents to the 1972 APA Manpower Survey (Boneau & Cuca, 1974). Of the 703 psychologists returning surveys, 37 were not currently practicing psychology. They were eliminated from the study, leaving 666 surveys to be analyzed. The sample included 347 men, 310 women, and 9 individuals who did not indicate their gender. The respondents identified their theoretical orientations as follows: eclectic (51%), psychodynamic (28%), humanistic (7%), behavior modification (7%), rational cognitive (4%), and unidentified (3%).

Almost half (46%) of those responding to the survey believed nonerotic hugging, kissing, and affectionate touching could be helpful, at least occasionally, for both male and female clients. Therapists' written comments suggested that nonerotic contact was appropriate in four situations: (a) when treating socially or emotionally immature clients such as children, schizophrenics, and those who were maternally deprived; (b) when clients are experiencing acute distress as is often exhibited in grief, trauma, and severe depression; (c) when more general emotional support is needed; and (d) when greeting clients or terminating the therapeutic relationship.

Gender appears to impact psychologists' attitudes regarding nonerotic touch. When responses were analyzed based on the gender of the respondent, 53% of the male therapists compared to only 40% of the female therapists believed nonerotic touch with opposite-sex clients was beneficial to the treatment occasionally, frequently, or always. These percentages are significantly different. However, male and female therapists did not significantly differ in their views regarding the usefulness of nonerotic touch with same-sex clients.

A psychologist's theoretical orientation also seems to be important in forming views regarding the therapeutic value of touch. While only 6% of the psychodynamic therapists thought nonerotic touch could be beneficial to

treatment frequently or always, 30% of the humanistic therapists believed in its efficacy. The majority of dynamic therapists believed nonerotic touch might be misunderstood by their clients frequently or always, whereas humanistic therapists thought it would be misunderstood rarely or never.

Only 7% of the therapists surveyed reported using nonerotic touch with their clients frequently or always. Female therapists reported using nonerotic touch with their female clients at least occasionally, whereas male therapists rarely used it with their male clients. In the categories of frequently and always, approximately 25% of the humanistic therapists, less than 10% of the eclectic therapists, and less than 5% of the psychodynamic, behavior modification, and rational-cognitive therapists utilized nonerotic touch in their treatment.

In a follow-up study, Holroyd and Brodsky (1980) examined whether or not touching, including nonerotic touch, leads to sexual contact between therapists and clients. They used data from their 1977 survey of licensed psychologists to investigate this question.

Psychologists who reported having sexual intercourse with their clients also used nonerotic touch in therapy. These psychologists indicated that nonerotic contact occurred with opposite-sex clients, but not with same-sex clients. Even though same-sex clients reportedly initiated

nonerotic touch with their therapists, the therapists did not initiate with them and believed that nonerotic touch would not be helpful to the client. Therapists who initiated nonerotic touching with clients of the opposite sex were significantly older and had been in practice longer than those who did not.

Leong (1989) used Holroyd and Brodsky's (1977) survey to investigate the sexual attitudes and behaviors of Christian therapists and to determine if religion played a moderating role in their attitudes and treatment practices. In addition, Leong gathered data regarding the incidence and nature of Christian therapists' attraction to and sexual misconduct with their clients.

A survey and cover letter were sent to 1000 members (500 men and 500 women) of two Christian psychotherapist professional organizations. Of the 1000 surveys mailed, 223 were returned. The respondents were self-identified Christian psychiatrists, psychologists, social workers, pastoral counselors, and marriage, family, child counselors. The sample included 154 men, 43 women, and 26 of undeclared sex, with a mean age of 43. Most respondents were married, Protestant, and had 10 to 15 years of experience in the field. Respondents identified their orientation as psychodynamic (22%), rational emotive (13.5%), family systems (9.4%), and other (55.1%).

The majority of therapists believed that both opposite-sex clients (79.4%) and same-sex clients (83.3%) benefited from nonerotic hugging and affectionate touching in treatment. They generally viewed nonerotic touch positively and believed it had mild to strong positive effect on clients (75%), therapists (57.3%), and treatment (69.4%). Therapists were more likely to use nonerotic touch in treatment with same-sex clients than with opposite-sex clients. However, of those surveyed, 20% never touched their clients, 32.7% rarely used touch, 32.7% used it occasionally, and only 12% reported they frequently used nonerotic touch in therapy. These results suggest that therapists' beliefs and practices may not be consistent. This disparity may reflect a reluctance on the part of therapists to use nonerotic touch out of concern that the client will distort or misinterpret their intention.

The three most frequent circumstances under which Christian therapists believed nonerotic touch was appropriate were: (a) at the time a client needed reassurance, affirmation, support, and comfort; (b) at the time of termination; and (c) as a condolence when a client is experiencing grief. Remarks written on the surveys suggested that the respondents thought nonerotic touch was important and appropriate when the client's material needed a therapeutic response that words could not convey.

The low response rate, with even less response from women than men, raises the question of why Christian therapists may have been reluctant to participate in this study. One possible explanation is that physical touch, sexual attraction, and sexual behaviors are considered sufficiently controversial and personally threatening. Self disclosure regarding these issues was beyond their comfort zone and considered inappropriate topics of discussion. Perhaps this population has difficulty recognizing and understanding their sexual feelings toward their clients.

Pope et al. (1987) designed a survey to gather information from psychologists regarding unethical behaviors, what they believe, and the degree to which they comply with ethical principles. In this study, nonerotic touch was defined as hugging a client or offering or accepting a handshake from a client.

The two nonerotic touch behaviors were listed with 81 others in the survey questionnaire. Respondents were asked to what degree they engaged in the behaviors, whether or not they considered each behavior ethical, and to what extent the behavior was ethical in light of seven principles. These principles included avoiding harm, avoiding exploitation, competence, respect, confidentiality, informed consent, and social equity or justice.

The second part of the survey listed 14 resources for guiding or regulating ethical practice. Respondents were asked to rate the resources' effectiveness in providing education, sanctions, direction, or support to assist in the regulation of psychologists. Demographic information was requested in the third part of the survey. Respondents were asked their age, sex, primary work setting, and major theoretical orientation.

Subjects for this study included 1000 licensed psychologists (500 men and 500 women) who were randomly selected from the 4,684 members of Division 29 (Psychotherapy), as listed in the 1985 Directory of the American Psychological Association (APA, 1985). The 1000 potential subjects were each sent the survey questionnaire, a cover letter, and a return envelope.

A total of 456 psychologists (231 men and 225 women) participated in the study. The mean age of respondents was 45. The majority (72.4%) used a private office as their primary work setting, while the remainder worked in clinics, hospitals, or universities. Theoretical orientations included psychodynamic (32.9%), eclectic (25.7%), cognitive (7.2%), gestalt (5.5%), humanistic (4.6%), existential (3.9%), systems (3.7%), behavioral (2.6%), and other (13.9%).

Of the psychologists who responded to the survey, 44.5% indicated that they rarely hug their clients, while

41.7% reported they hug their clients at least sometimes. Only 4.6% of the respondents considered it clearly unethical to hug their clients; however, 41.2% thought it was ethical only in rare circumstances. Shaking hands with a client was considered ethical (93.6%) and practiced (93.8%) at least sometimes by most of the respondents. Therapists reported that they relied most heavily on colleagues, the APA Ethical Principles, and internship training to guide their behaviors.

Stake and Oliver (1991) conducted a survey that requested information on the therapist's use of nonerotic and erotic behaviors, their opinion of a definition of sexual misconduct, attraction to clients, and reactions to reports from clients regarding contact with former therapists. Nonerotic touch in this survey was defined as the following behaviors: (a) touching the client's shoulders, arm, or hand; (b) touching the client's leg or knee; (c) hugging; (d) touching the client's face, hair, or neck; (e) holding hands; and (f) holding the client on the therapist's lap.

The survey was mailed to 1041 licensed psychologists in Missouri. Individuals who hold masters and doctoral degrees are eligible for licensure in Missouri. Psychologists were asked to rate 14 therapist behaviors on a 7-point scale (1 = never; 7 = usually or always).

Separate ratings for male and female clients were requested.

Completed surveys were returned by 320 psychologists (207 men and 113 women). Of those who responded, 270 held doctoral degrees, 46 held masters degrees, and 4 were unknown. Their experience level spanned from 1 to 40 years with a median of 14 years of experience.

Female psychologists reported more touching of female clients in all six touching categories. Male psychologists reported touching male clients on the shoulder, arm, and hand or leg and knee. However, with their female clients, they reported hugging; touching the face, hair, or neck; holding hands; or holding their clients on their lap.

Ramsdell and Ramsdell (1994) investigated therapists' perceptions of the therapeutic effects of 21 types of contact. In this study, nonerotic touch was described as shaking hands, the client hugging the counselor, the counselor hugging the client, and the client being held by the counselor.

Forty-six of 48 professional counseling staff members from a metropolitan pastoral counseling center participated in this study. The staff included 37 paid members who were licensed or certified and 11 full-time residents who were neither licensed nor certified. The 22 men and 24 women ranged in age from their 20's to over 60 years old. Over half (58.4%) had degrees in ministry or theology (B.D.,

M. Div., M. Th., STM, D. Min.), while the remainder had masters or doctoral degrees in counseling, psychology, or education. Four counselors had masters degrees in social work and one had a masters degree in nursing.

The counselors rated the 21 items regarding the likely effect on the therapeutic process, on a 5-point scale, (-2 = very detrimental; +2 = very beneficial). The majority of counselors rated shaking hands, client-initiated hugging, and counselor-initiated hugging as beneficial to therapy. Although counselor-initiated hugging was rated beneficial by most counselors, over one fourth considered it detrimental to treatment. The counselor holding the client on his or her lap was viewed as beneficial to the therapy by one third, as somewhat detrimental by one third, and as very detrimental by one fifth of the respondents.

Studies with College Samples

Most of the studies regarding the effects of nonerotic touch in therapy were conducted using undergraduate students. These studies focused on how touch affected clients' evaluations of the counselor or the counseling session.

Pattison (1973) conducted a study using 20 female undergraduates, aged 17 to 26, who were requesting personal counseling from the Counselor Training Center. The researcher investigated whether or not clients or counselors perceived a difference in the relationship

conditions offered by the counselor when touch was included in the therapy session. In addition, Pattison examined whether touch affected the degree to which clients engaged in self-exploration.

One male and one female second-year graduate student served as counselors in this study. Before the experiment began, the counselors received training on touch and were evaluated on their comfort level with its use. All interviews lasted 50 minutes and were conducted from a Rogerian approach using unconditional positive regard, empathy, and congruence.

Each counselor met with 10 clients, using touch with 5 of them and no touch with the other 5. In the touch condition, counselors made physical contact with the client five times during the interview. Physical contact included: (a) an initial handshake for 4 to 5 seconds, (b) a hand on the client's back or shoulder for 10 seconds to guide the client into the room, (c) a hand on the client's lower arm for 4 to 5 seconds about 15 minutes into the interview, (d) a hand on the back of the client's hand for 2 to 3 seconds about 30 minutes into the interview, and (e) a hand and arm on the client's back or shoulder as he or she left the room.

After the interview, clients were given three instruments to complete: the Depth of Self-Exploration Scale (Truax & Carkhuff, 1967), the Barrett-Lennard

Relationship Inventory (Barrett-Lennard, 1962), and a relationship questionnaire developed by the researchers. The Depth of Self-Exploration Scale measures the extent of self-exploration as rated by trained judges. The Barrett-Lennard Relationship Inventory assesses the Rogerian aspects of empathy, regard, congruence, and unconditionality. The relationship questionnaire was designed to evaluate empathy, nonpossessive warmth, intimacy of interpersonal contact, and the concreteness of the counselor's responses. The counselors also completed the Barrett-Lennard Relationship Inventory.

Pattison (1973) found that clients who were touched were more involved with self-exploration than those who were not touched. However, there were no significant differences between the touch and no touch conditions for the clients or the counselors on the Barrett-Lennard Relationship Inventory or for the clients on the relationship questionnaire. In other words, neither clients nor counselors perceived a difference in the relationship conditions offered by the counselor when the interview included touch. Although no data was provided, in several cases counselors reportedly felt closer rapport with the clients they touched.

Alagna et al. (1979) examined the impact of touch on clients' evaluations of their experience in a career

counseling interview. A group of 53 male and 55 female undergraduate students participated in this study.

The counselors were graduate students who all followed the same script during a 25-minute interview. In the touch condition, counselors initiated physical contact with the client seven times during the session. The physical contact included: (a) a handshake at the beginning and the end of the session, (b) a hand on the client's back while entering the room, (c, d, e) a touch on the client's hand or lower arm three times during the interview, and (f) a hand on the client's back while exiting the room, and (g) a handshake at the end of the session.

After the session, each client completed an evaluation of the interview which included 12 items taken from the Osgood Semantic Differential evaluative dimension (Osgood, Suci, & Tannenbaum, 1957). All items were rated on a 7-point scale anchored by bipolar adjectives.

Alagna et al. (1979) found that individuals who were touched rated the counseling session more positively than those who were not. In addition, the strength of the effect of touch depended on the sex composition of the client-counselor dyad. The strongest effect occurred when a female counselor touched a male client; the weakest effect occurred when a male counselor touched a male client. Overall, both male and female clients in this study reported a more positive experience when they were touched.

Pre-existing attitudes toward counseling and body accessibility did not appear to significantly influence the client's evaluation of the interview.

Stockwell and Dye (1980) investigated the effect of touch on client evaluations of a counseling session. The sample consisted of 100 volunteers (56 men and 44 women) from an undergraduate education course who were told they would be receiving vocational counseling. Fourteen male and 11 female doctoral counseling psychology students conducted the 50-minute interviews. The doctoral students were trained and evaluated to ensure that each session followed standardized procedures.

The experiment used a touch condition that included six touches throughout the interview. These six interventions were as follows: (a) a handshake at the beginning of the interview for 4 to 5 seconds, (b) a touch on the client's upper back or shoulder while walking into the room for 8 to 10 seconds, (c, d) a hand on the client's arm, upper back or shoulder for 4 to 5 seconds twice during the interview, (e) a hand on the client's arm, upper back or shoulder along with an apology for changing the tape, and (f) a handshake at the end of the interview for 4 to 5 seconds. After the interview was concluded, a tape of the session was evaluated to determine how closely counselors followed the procedures. All interviews were judged to be in compliance with protocol.

Following the interview the participants were asked to complete the Counseling Evaluation Inventory (Linden, Stone, & Shertzer, 1965) with special attention given to the items of counseling climate, counselor comfort, and client satisfaction. A second measure, the Depth of Self-Exploration Scale (Truax & Carkhuff, 1967), was administered to determine the depth of the client's self-exploration.

The researchers found no significant differences between the touch and no touch groups regarding their evaluation of the counseling climate, counselor comfort, or counseling satisfaction. However, a possible trend ($p < .078$) toward client satisfaction was found for those in the no touch interviews. Results from the Depth of Self-Exploration Scale indicated that women were significantly more self-exploratory than men; however, depth of self-exploration was not affected by counselor touch.

Hubble et al. (1981) also investigated the effect of touch on client ratings of counselors and on self-disclosure. Thirty-two female undergraduate students from an education course, aged 17 to 25, participated in the study. They were told their interest in teaching would be assessed during the interview.

The 45-minute sessions concerning the participants' vocational interests in teaching were conducted by four male counseling psychology doctoral-level students. The

rooms were arranged identically and the counselors alternated each interview between touch and no touch clients. Because the clients were all women and the counselors all men, an analysis of male clients with female counselors and same-sex client/counselor dyads could not be made.

The touch condition for this experiment was almost identical to that in the Stockwell and Dye (1980) study. Each client was touched six times in the experimental condition. The three touches used two times each during the interview included: (a) a handshake for 3 to 5 seconds at the beginning and the end of the interview, (b) a hand on the client's back or shoulder for 4 to 6 seconds as they entered and left the room, and (c) a hand on the client's hand, arm, or shoulder for 3 to 4 seconds halfway through the session and again 10 to 15 minutes later.

After the interview the participants were asked to fill out the Anxiety-Strata Scale (Spielberger, Gorsuch, & Lushene, 1970), the Jourard Self-Disclosure Questionnaire (Jourard, 1971), and a shortened version of the Counselor Rating Form (Barak & LaCrosse, 1975). The Counselor Rating Form assesses counselor attractiveness, expertness, and trustworthiness from the subject's viewpoint. Finally, judges assessed the interview tapes for level of self-disclosure and assigned a self-disclosure score of 0 to 2.

Touch during the counseling session positively affected the client's perception of the counselor's expertness, but did not have an effect on perception of the counselor's trustworthiness or attractiveness. In addition, the touch and no touch groups were not significantly different in their level of self-disclosure.

Bacorn and Dixon (1984) researched depressed and vocationally-undecided students to assess the effect of counselor touch during an initial interview. This study was designed to look at the effects of touch on the client's appraisal of the counselor's empathy, unconditional regard, level of regard, congruence, and resistance. It also evaluated how the counselor's touch influenced the client's request for a second interview and the client's comfort with the touch received.

The participants were 40 female undergraduate students in educational psychology courses. The Beck Depression Inventory (Beck, 1967) was administered to determine which participants would be placed in the depressed group. The Career Decision Scale (Osipow, Carney, Winer, Yanico, & Koschier, 1967) was given to determine which volunteers would be placed in the vocationally-undecided group.

Five male counseling psychology doctoral students conducted the 30- to 35-minute interviews. All of the counselors were trained until they appeared comfortable and followed a prepared script 100% of the time. They

interviewed 2 clients in each of the four conditions: (a) touched/depressed, (b) untouched/depressed, (c) touched/ vocationally undecided, and (d) untouched/vocationally undecided.

The touch condition included four touches that lasted between 3 and 5 seconds each. The four touches were: (a) a handshake at the beginning of the interview; (b) a light touch on the client's shoulder or upper back to guide her to the chair; (c) a touch to the client's hand, forearm, upper arm, or leg once during the interview; and (d) a handshake at the end of the interview. All touches were accompanied by a smile and eye contact. At the end of the interview the client was asked whether or not she wanted a second interview.

Posttest measures included the Revised Barrett-Lennard Relationship Inventory (Barrett-Lennard, 1962; Mann & Murphy, 1975) and an Evaluation of Counselor Touch Form developed by the researchers. The Revised Barrett-Lennard Relationship Inventory measured the client's perceptions of the counselor's empathy, regard, congruence, unconditionality, and resistance. The Evaluation of Counselor Touch Form was a 6-item open-ended questionnaire concerning the client's reactions to the counselor's touch.

Touch did not have a significant effect on client evaluations of the counselor on the five factors of the Revised Barrett-Lennard Relationship Inventory for either

the depressed or vocationally-undecided clients. In addition, touch did not appear to significantly influence whether or not the client accepted the offer of a second interview. Results from the Evaluation of Counselor Touch Form showed that vocationally-undecided clients were more comfortable with touch than clients who were depressed.

Phillips and Kassinove (1987) designed a study to test the effects of profanity, touch, and counselor gender on participants' perceptions of the counselor in the areas of expertness, attractiveness, and trustworthiness. The researchers, who were rational-emotive therapists, were also interested in whether or not touch impacted the participant's behavioral compliance.

Participants were 45 male and 51 female undergraduate psychology students, ages 17 to 36, who were moderately religious. Two male and two female doctoral candidates in psychology were used as counselors. They ranged in age from 25 to 29.

The effects of touch on the client's perception of the counselor were examined in the context of individual appointments where a psychologist gave a brief presentation on mental health and rational-emotive theory to the client. Compliance was evaluated based on whether or not the participants took the next step to have additional information sent to them and how long it took them to make the request.

The touch condition included: (a) a handshake as the client entered the room, (b) the psychologist placing a hand on the client's arm or shoulder five times during the session, and (c) a handshake again as the client left the room. After the interview, the participants completed the Counselor Rating Form (Corrigan & Schmidt, 1983) to rate their counselor on expertness, attractiveness, and trustworthiness.

Phillips and Kassinove (1987) found that touch did not have a significant effect on the client's evaluation of the counselor's expertness, attractiveness, or trustworthiness. In addition, touch did not appear to influence the client's behavioral compliance.

The description of the procedures in this study were poorly written. Therefore, it was difficult to understand the context in which the measurements were made and the implications of the results obtained.

Studies with Hospital Samples

Suiter and Goodyear (1985) examined the effects of counselor touch that varied in intimacy by analyzing therapists' and clients' evaluations of videotaped counseling segments. The subjects were asked to evaluate the counselors' expertness, attractiveness, and trustworthiness.

The researchers prepared four 3-minute videotaped segments that showed a female client and a male counselor,

who were actors, simulating therapy. The same script was used for each of four identical sessions with the exception of the touch condition used. One of four touch conditions was administered for 4-6 seconds when the client cried: (a) no touch, (b) touching the client's hand, (c) touching the client's shoulder, or (d) a semi-embrace across the client's shoulders.

Participants in this study included 120 clients and 120 counselors. The client group consisted of 60 men, aged 19 to 52, and 60 women, aged 19 to 65, who were all receiving outpatient services from a military hospital mental health clinic. The therapist group included 60 male and 60 female counselors, ranging in age from 20 to 63. Each of the counselors had an M.A. and at least 3 years of experience.

Participants were randomly assigned to one of the four touch groups. They viewed the appropriate videotape in groups of 1 to 9 participants. Each group consisted of either all clients or all therapists. After the videotape was viewed, the clients and therapists all completed the Counselor Rating Form (Barak & LaCrosse, 1975) and the Personal Attribute Inventory (PAI)(Parish, Bryant, & Shirazi, 1976) which was developed from the Adjective Checklist (Gough, 1952). The Counselor Rating Form measures counselor expertness, attractiveness, and trustworthiness using thirty-six 7-point bipolar adjectives. The Personal

Attribute Inventory Sheet is an adjective checklist on a positive-negative continuum.

Clients and therapists both rated the counselors as significantly less trustworthy in the semi-embrace touch condition than in the other three conditions. Significant results were not obtained for expertness, attractiveness, or the PAI score. There was, however, a significant difference between clients and therapists regarding their overall rating of the counselor's expertness, attractiveness, and trustworthiness, with clients consistently giving higher ratings than therapists.

Gagne and Toye (1994) measured how relaxation therapy and therapeutic touch affected adult psychiatric inpatients at a Veteran's Administration hospital. They specifically were interested in whether or not these two types of treatments led to decreased anxiety in the patients.

A total of 31 patients participated in the study; the number of men and women is unknown. They ranged in age from 29 to 69 years, with a mean age of 43. Short interviews were conducted to assess patient history and the appropriateness of their inclusion in the experiment. In a private office with an observer present, the patient was told the study was to compare effects of two therapies for anxiety and tension.

The relaxation therapy was conducted by a hospital chaplain; the therapeutic touch was administered by a

female nurse or nursing assistant. Demographic information on the nursing staff who administered the therapeutic touch and the chaplain who led the relaxation therapy was not provided.

Pretest self-report anxiety measures were completed by the patient. Behavior assessments were completed by the observer. The State portion of State-Trait Anxiety Inventory and a movement assessment were completed before and after the 15-minute interventions (therapeutic touch or relaxation therapy). Data on the amount of movement (head, limbs, and torso) was collected during rest conditions before and after each intervention. The Final Summary, a 10-item questionnaire to assess patient confidence in the treatment and the therapist, was completed after a second session the following day.

Results indicated that expectation of positive outcome was not significantly different between groups. All groups experienced reduction in anxiety, but only the relaxation group showed reduction in motor activity.

This study, like that of Suiter and Goodyear (1985), used hospital patients (outpatient and inpatient) in their sample. However, unlike the previous study, the touching behavior did not occur in actual counseling sessions. Although therapeutic touch was employed and appeared to have a beneficial effect, the study does not provide

dependable information to therapists who are attempting to understand the role of touch in the counseling room.

Discussion and Conclusions

The studies reviewed in this paper reflected two types of investigative methodology. The first was the use of surveys with therapists, assessing their attitudes and behaviors regarding the use of nonerotic touch in the course of psychotherapy. The second type of methodology utilized nonerotic touch in mock therapy situations and assessed the experience and response of clients and therapists.

Three of the six surveys used samples from American Psychological Association Directories listing licensed psychologists who were members of the APA. Results of these studies can be extended to the client population on a nationwide basis (Holroyd & Brodsky, 1977, 1980; Pope et al., 1987). The other three surveys were restricted in their distribution. Samples included members of two professional Christian organizations (Leong, 1989), professional staff members from a metropolitan pastoral counseling center (Ramsdell & Ramsdell, 1994), and licensed psychologists from the state of Missouri (Stake & Oliver, 1991). Results of these studies may have limited applicability due to the nonrepresentative nature of the sample.

The majority of respondents surveyed believed nonerotic touch may be beneficial to clients. Only one survey specified four categories of clients with whom they thought touch would be appropriate (Holroyd & Brodsky, 1977). These included clients who were socially and emotionally immature, those experiencing acute distress, clients in need of general emotional support, and any client at the time of termination. Respondents who believed nonerotic touch between client and therapist was not helpful, and possibly detrimental to the client, were in the minority.

Since research evaluating the use of nonerotic touch in therapy is limited, the efforts of these researchers are valuable. The studies reviewed generally had well-designed procedures which minimized confounding variables. Seven out of the eight experimental designs used control groups in an attempt to more accurately measure the effects of touch in a therapeutic setting.

Six of the eight empirical studies recruited college students, while the other two were conducted in hospital settings. Of the studies conducted with undergraduate students, three interviewed them for vocational or career counseling, one offered personal counseling, another asked for a critique of a self-help presentation, and one offered either personal or career counseling to depressed and vocationally undecided clients.

Results from studies in college and university settings were varied according to what they were attempting to evaluate. Two studies measured clients' perceptions of the counselor's expertness, attractiveness, and trustworthiness (Hubble et al., 1981; Phillips & Kassinove, 1987). The studies obtained conflicting results. Hubble et al. found touch to positively affect clients' perceptions of their counselors; Phillips and Kassinove found no effect from touch. One possible explanation for these results is that the Phillips and Kassinove study involved the counselor making a presentation on rational-emotive theory. This may have made the session more impersonal and the touching behavior less salient.

Two studies investigated whether or not touch had an effect on client's self-exploration in the session (Pattison, 1973; Stockwell & Dye, 1980). Both studies reported no differences in depth of self-exploration in the touch and no touch conditions.

The study by Alagna et al.(1979) reported the most positive effect due to touch, particularly in the male client/female counselor dyad. Clients in this experiment were touched seven times during a 25-minute interview. The frequency of touch in the experimental condition may account for these positive results.

Bacorn and Dixon (1984) divided their subjects into either depressed or vocationally undecided groups. The

depressed participants were not as comfortable with touch as were those who were vocationally undecided. These results suggest that touch may not be as comfortable to clients who are processing emotionally laden material, in contrast to material that is more academic.

In the hospital research settings, Gagne and Toye (1994) evaluated clients and therapists in the consulting room. The results indicated there was no significant difference between therapeutic touch and relaxation therapy when utilized to reduce anxiety in the subjects. These adult male psychiatric inpatients from a VA hospital represent a small percentage of the general population, making these research results limited in their applicability.

Research in one hospital setting resulted in negative evaluations of the use of touch in videotaped, simulated therapy sessions (Suiter & Goodyear, 1985). The participants evaluated their observation of touch in a therapy situation, but did not experience it personally. This study may have reached different results had the subjects been asked to evaluate their own personal experience of a therapeutic touch situation.

Although experimental research conducted to date has limited applicability to an ongoing therapy relationship, the generally positive results obtained indicate that a blanket prohibition against touch in therapy is not

appropriate. These studies suggest that, in at least some situations, touch has a beneficial effect on clients' perceptions of the therapist and the therapeutic environment. These results are consistent with the reported experience of therapists who have used nonerotic touch with their clients.

It is clear that available research is not adequate to provide specific guidelines in this area. Such guidelines might include the definition of nonerotic touch, when it is appropriate to use nonerotic touch in therapy, how to assess the client's need for touch, how the therapist can assess his or her motivation for using touch, and what to do if touch is distorted or misinterpreted by the client.

Training programs often provide little guidance and discussion regarding the issue of touch in therapy. Few, if any, reasons or explanations are given to assist therapists-in-training in understanding this complex issue. A discussion between supervisees and supervisors regarding the implications of using touch in therapy would be beneficial to those in training. If nonerotic touch is not discussed with students in training, they may touch their clients and have no awareness of the ramifications for either party involved. The social climate in which therapists now practice necessitates that more attention be given to this area at the training level.

Future research is needed to evaluate the effects of touch in an ongoing therapeutic relationship. There are no studies reported in the literature that have addressed this issue. Research using larger samples and samples of participants who are more representative of the general population is also needed. Researchers need to broaden their sampling to include individuals from all age groups. In addition, individuals from a variety of settings including private practices, community mental health centers, religious organizations, senior citizen facilities, public and private schools, as well as colleges and hospitals should be studied.

Research evaluating the function of touch in various modalities should include larger samples of therapists representing those orientations. Future surveys should attempt to gather information from both clients and therapists to assess whether or not their perceptions regarding touch are similar and how each would define erotic and nonerotic touch.

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